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AMENDED IN ASSEMBLY MARCH 19, 2013
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 617

Introduced by Assembly Member Nazarian

February 20, 2013

An act to add Sections 100501.1, 100506.1, 100506.2, 100506.3, 100506.4, and 100506.5 to the Government Code, and to amend Sections 10950, 10951, and 10960 of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 617, as amended, Nazarian. California Health Benefit Exchange: appeals.

Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that take effect January 1, 2014. PPACA also requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers, as specified. Existing law establishes the California Health Benefit Exchange (Exchange) to implement the federal law. Existing law also requires the Exchange board to establish an appeals process for prospective and current enrollees of the Exchange

that complies with all requirements of the federal act concerning the role of a state Exchange in facilitating federal appeals of Exchange-related determinations.

This bill would require the Exchange board to contract with the State Department of Social Services to serve as the Exchange appeals entity designated to hear appeals of eligibility determination or redetermination for persons in the individual market. The bill would establish an appeals process for eligibility or enrollment determinations and redeterminations for insurance affordability programs, as defined, or exemption determinations within the ~~Exchanges~~ Exchange's jurisdiction, including an informal resolution process, as specified, establishing procedures and timelines for hearings with the appeals entity, and notice provisions. The bill would also establish continuing eligibility for individuals during the appeals process. The bill would make other related changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 100501.1 is added to the Government
- 2 Code, to read:
- 3 100501.1. For purposes of this title, ~~the following definitions~~
- 4 ~~shall apply:~~ "insurance affordability program" means a program
- 5 that is one of the following:
- 6 (a) ~~"Insurance affordability program" means a program that is~~
- 7 ~~one of the following:~~
- 8 (1)
- 9 (a) The state's Medi-Cal program under Title XIX of the federal
- 10 Social Security Act (42 U.S.C. Sec. 1396 et seq.).
- 11 (2)
- 12 (b) The state's children's health insurance program (CHIP)
- 13 under Title XXI of the federal Social Security Act (42 U.S.C. Sec.
- 14 1397aa et seq.).
- 15 (3)
- 16 (c) A program that makes available to qualified individuals
- 17 coverage in a qualified health plan through the Exchange with
- 18 advance payment of the premium tax credit established under
- 19 Section 36B of the Internal Revenue Code.
- 20 (4)

1 (d) A program that makes available coverage in a qualified
2 health plan through the Exchange with cost-sharing reductions
3 established under Section 1402 of the federal act.

4 ~~(b) “Combined eligibility notice,” means an eligibility notice~~
5 ~~that informs an individual, or multiple family members of a~~
6 ~~household, of eligibility for each of the insurance affordability~~
7 ~~programs and for enrollment in a qualified health plan through the~~
8 ~~Exchange, for which a determination of eligibility was made.~~

9 SEC. 2. Section 100506.1 is added to the Government Code,
10 to read:

11 100506.1. An applicant or enrollee has the right to appeal any
12 of the following:

13 (a) Any action or inaction related to the individual’s eligibility
14 for or enrollment in an insurance affordability program, or for
15 advance payment of premium tax credits and cost-sharing
16 reductions, or the amount of the advance payment of the premium
17 tax credit and level of cost sharing, or eligibility for affordable
18 plan options.

19 (b) An eligibility determination for an exemption from the
20 individual responsibility penalty pursuant to Section 1311(d)(4)(H)
21 of the federal act.

22 (c) A failure to provide timely or adequate notice of an eligibility
23 determination or redetermination or an enrollment-related
24 determination.

25 SEC. 3. Section 100506.2 is added to the Government Code,
26 to read:

27 100506.2. (a) The entity making an eligibility or enrollment
28 determination described in Section 100506.1 shall provide notice
29 of the appeals process at the time of application and at the time of
30 eligibility or enrollment determination or redetermination.

31 (b) The entity making an eligibility or enrollment determination
32 described in Section 100506.1 shall also issue ~~a combined~~ *an*
33 *eligibility notice*. ~~The combined eligibility notice shall contain all~~
34 ~~of the following:~~

35 (1) Information about eligibility or ineligibility for Medi-Cal,
36 premium tax credits and cost-sharing reductions, ~~and, if applicable,~~
37 *or* eligibility for the Medi-Cal Access Program, ~~for each individual,~~
38 ~~or multiple family members of a household, that has applied,~~
39 including all of the following:

1 (A) An explanation of the action reflected in the notice,
2 including the effective date of the action.

3 (B) Any factual bases upon which the decision is made.

4 (C) Citations to, or identification of, the legal authority
5 supporting the action.

6 (D) Contact information for available customer service
7 resources, including local legal aid and welfare rights offices.

8 (E) The effective date of eligibility and enrollment.

9 (2) Information regarding the bases of eligibility for
10 non-modified adjusted gross income (MAGI) Medi-Cal and the
11 benefits and services afforded to individuals eligible on those
12 bases, sufficient to enable the individual to make an informed
13 choice as to whether to appeal the eligibility determination or the
14 date of enrollment, which may be included with the notice in a
15 separate document.

16 (3) An explanation that the applicant or enrollee may appeal
17 any action or inaction related to an individual's eligibility for or
18 enrollment in an insurance affordability program with which the
19 applicant or enrollee is dissatisfied by requesting a state fair hearing
20 consistent with this title and the provisions of Chapter 7
21 (commencing with Section 10950) of Part 2 of Division 9 of the
22 Welfare and Institutions Code.

23 (4) Information on the applicant or enrollee's right to represent
24 himself or herself or to be represented by legal counsel or an
25 authorized representative as provided in subdivision (f) of Section
26 100506.4.

27 (5) An explanation of the circumstances under which the
28 applicant's or enrollee's eligibility shall be maintained or reinstated
29 pending an appeal decision, pursuant to Section 100506.5.

30 SEC. 4. Section 100506.3 is added to the Government Code,
31 to read:

32 100506.3. The board shall enter into a contract with the State
33 Department of Social Services to serve as the Exchange appeals
34 entity designated to hear appeals of eligibility or enrollment
35 determination or redetermination for persons in the individual
36 market, or exemption determinations within the Exchange's
37 jurisdiction. Except as otherwise provided in this title, this hearing
38 process shall be governed by the Medi-Cal hearing process
39 established in Chapter 7 (commencing with Section 10950) of Part
40 2 of Division 9 of the Welfare and Institutions Code, Section

1 100506, Subpart F of Part 155 of Title 45 of the Code of Federal
2 Regulations, and Article 7 of Chapter 12 of Title 10 of the
3 California Code of Regulations to the extent applicable and
4 consistent with the act that added this section.

5 SEC. 5. Section 100506.4 is added to the Government Code,
6 to read:

7 100506.4. (a) (1) Except as provided in paragraph (2), the
8 State Department of Social Services, acting as the appeals entity,
9 shall allow an applicant or enrollee to request an appeal within 90
10 days of the date of the notice of an eligibility or enrollment
11 determination, or exemption determination within the Exchange's
12 jurisdiction, unless there is good cause as provided in Section
13 10951 of the Welfare and Institutions Code.

14 (2) The appeals entity shall establish and maintain a process for
15 an applicant or enrollee to request an expedited appeals process
16 where there is immediate need for health services because a
17 standard appeal could seriously jeopardize the appellant's life,
18 health, or the ability to attain, maintain, or regain maximum
19 function. If an expedited appeal is granted, the decision shall be
20 issued no later than five working days unless the appellant agrees
21 to a delay to submit additional documents for the appeals record.
22 If an expedited appeal is denied, the appeals entity shall notify the
23 appellant within three days by telephone or through other
24 commonly available secure electronic means, to be followed by a
25 notice in writing, within five working ~~days~~ *days* of the denial of
26 an expedited appeal. If an expedited appeal is denied, the appeal
27 shall be handled through the standard appeal process.

28 (b) Appeal requests may be submitted to the appeals entity by
29 telephone, by mail, in person, through the Internet, through other
30 commonly available electronic means, or by facsimile.

31 (c) The staff of the Exchange, the county, or the State
32 Department of Health Care Services or its designee shall assist the
33 applicant or enrollee in making the appeal request.

34 (d) (1) Upon receipt of an appeal, the appeals entity shall send
35 timely acknowledgment to the appellant that the appeal has been
36 received. The acknowledgment shall include information relating
37 to the appellant's eligibility for benefits while the appeal is
38 pending, an explanation that advance payments of the premium
39 tax credit while the appeal is pending may be subject to
40 reconciliation if the appeal is unsuccessful, an explanation that the

1 appellant may participate in informal resolution pursuant to
2 subdivision (g), information regarding how to initiate informal
3 resolution, and an explanation that the appellant shall have the
4 opportunity to review his or her entire eligibility file, including
5 information on how an income determination was made and all
6 papers, requests, documents, and relevant information in the
7 possession of the entity that made the decision that is the subject
8 of the appeal at any time from the date on which an appeal request
9 is filed to the date on which the appeal decision is issued.

10 (2) Upon receipt of an appeal request, the appeals entity shall
11 send, via secure electronic means, timely notice of the appeal to
12 the Exchange and the county, and the State Department of Health
13 Care Services or its designee if applicable.

14 (3) Upon receipt of the notice of appeal from the appeals entity,
15 the entity that made the determination of eligibility or enrollment
16 being appealed shall transmit, either as a hardcopy or electronically,
17 the appellant's eligibility and enrollment records for use in the
18 adjudication of the appeal to the appeals entity.

19 (e) A member of the board, employee of the Exchange, a county,
20 the State Department of Health Care Services or its designee, or
21 the appeals entity shall not limit or interfere with an applicant's
22 or enrollee's right to make an appeal or attempt to direct the
23 individual's decisions regarding the appeal.

24 (f) An applicant or enrollee may be represented by counsel or
25 designate an authorized representative to act on his or her behalf,
26 including, but not limited to, when making an appeal request and
27 participating in the informal resolution process provided in
28 subdivision (g).

29 (g) An applicant or enrollee who files an appeal shall have the
30 opportunity for informal resolution, prior to a hearing, that
31 conforms with all of the following:

32 (1) A representative of the entity that made the eligibility or
33 enrollment determination shall contact the appellant or the
34 appellant's appropriately authorized representative and offer to
35 discuss the determination with the appellant if he or she agrees.

36 (2) The appellant's right to a hearing shall be preserved if the
37 appellant is dissatisfied with the outcome of the informal resolution
38 process. The appellant or the authorized representative may
39 withdraw the hearing request voluntarily or may agree to a
40 conditional withdrawal that shall list the agreed-upon conditions

1 that the appellant and the Exchange, county, or the State
2 Department of Health Care Services or its designee shall meet.

3 (3) If the appeal advances to a hearing, the appellant shall not
4 be required to provide duplicative information or documentation
5 that he or she previously provided during the application,
6 redetermination, enrollment, or informal resolution processes.

7 (4) The informal resolution process shall not delay the timeline
8 for a provision of a hearing.

9 (5) The informal resolution process is voluntary and neither an
10 appellant's participation nor nonparticipation in the informal
11 resolution process shall affect the right to a hearing under this
12 section.

13 (6) For eligibility or enrollment determinations for insurance
14 affordability programs based on modified adjusted gross income
15 (MAGI), the appellant or the appellant's appropriately authorized
16 representative may initiate the informal resolution process with
17 the entity that made the determination, except that all of the
18 following shall apply:

19 (A) The Exchange shall conduct informal resolution involving
20 issues related only to the Exchange, including, but not limited to,
21 exemption from the individual responsibility penalty pursuant to
22 Section 1311(d)(4)(H) of the federal act, offers of affordable
23 employer coverage, special enrollment periods, and eligibility for
24 affordable plan options.

25 (B) Counties shall conduct informal resolution involving issues
26 related to non-MAGI Medi-Cal eligibility or enrollment decisions.

27 (C) The State Department of Health Care Services or its designee
28 shall conduct informal resolution involving issues related to the
29 Medi-Cal Access Program.

30 (7) The staff involved in the informal resolution process shall
31 try to resolve the issue through a review of case documents, in
32 person or through electronic means as desired by the appellant,
33 and shall give the appellant the opportunity to review case
34 documents, verify the accuracy of submitted documents, and submit
35 updated information or provide further explanation of previously
36 submitted documents.

37 (8) The informal resolution process set forth by the State
38 Department of Social Services for Medi-Cal fair hearings shall be
39 used for the informal resolutions pursuant to this subdivision and
40 shall require the Exchange, county representative, or the State

1 Department of Health Care Services or its designee to do the
2 following:

3 (A) Review the file to determine the appropriateness of the
4 action and whether a hearing is needed.

5 (B) Attempt to resolve the matter if the action was incorrect.

6 (C) Determine whether a dual agency appeal is required to
7 resolve the matter at hearing and notice the other agency if not
8 already included.

9 (D) Determine whether interpretation services are necessary
10 and arrange for those services accordingly.

11 (E) Inform appellants of other agencies that may also be
12 available to resolve the controversy.

13 (h) (1) A position statement, as required by Section 10952.5
14 of the Welfare and Institutions Code, shall be made available at
15 least two working days before the hearing on the appeal. The
16 position statement shall be made available electronically by the
17 entity that determined eligibility if the entity has the capacity to
18 send information electronically in a secure manner.

19 (2) The appeals entity shall send written notice, electronically
20 or in hard copy, to the appellant of the date, time, and location of
21 the hearing no later than 15 days prior to the date of the hearing.
22 If the date, time, and location of the hearing are prohibitive of
23 participation by the appellant, the appeals entity shall make
24 reasonable efforts to set a reasonable, mutually convenient date,
25 time, and location. The notice shall explain what format the hearing
26 shall be held in, via telephone or video conference or in person,
27 and include the right of the appellant to request that the hearing
28 be held via telephone or video conference or in person. The notice
29 shall include instructions for submitting the request on the notice,
30 by telephone or through other commonly available electronic
31 means.

32 (3) The hearing format may be held via telephone or video
33 conference, unless the appellant requests the hearing be held in
34 person pursuant to paragraph (2).

35 (4) The hearing shall be an evidentiary hearing where the
36 appellant may present evidence, bring witnesses, establish all
37 relevant facts and circumstances, and question or refute any
38 testimony or evidence, including, but not limited to, the opportunity
39 to confront and cross-examine adverse witnesses, if any.

1 (5) The hearing shall be conducted by one or more impartial
2 officials who have not been directly involved in the eligibility or
3 enrollment determination or any prior appeal decision in the same
4 matter.

5 (6) The appellant shall have the opportunity to review his or
6 her appeal record, case file, and all documents to be used by the
7 appeals entity at the hearing, at a reasonable time before the date
8 of the hearing as well as during the hearing.

9 (7) Cases and evidence shall be reviewed de novo by the appeals
10 entity.

11 (i) Decisions shall be made within 90 days from the date the
12 appeal is filed and shall be based exclusively on the application
13 of the applicable laws and eligibility and enrollment rules to the
14 information used to make the eligibility or enrollment decision,
15 as well as any other information provided by the appellant during
16 the course of the appeal. The content of the decision of appeal
17 shall include a decision with a plain language description of the
18 effect of the decision on the appellant's eligibility or enrollment,
19 a summary of the facts relevant to the appeal, an identification of
20 the legal basis for the decision, and the effective date of the
21 decision, which may be retroactive at the election of the appellant
22 if the appellant is otherwise eligible.

23 (j) Upon adjudication of the appeal, the appeals entity shall
24 transmit the decision of appeal to the entity that made the eligibility
25 or enrollment determination via a secure electronic means.

26 (k) If an appellant disagrees with the decision of the appeals
27 entity, he or she may make an appeal request regarding coverage
28 in a qualified health plan through the Exchange to the federal
29 Department of Health and Human Services within 30 days of the
30 notice of decision through any of the methods in subdivision (b).

31 (l) An appellant may also seek judicial review to the extent
32 provided by law. Appeal to the federal Department of Health and
33 Human Services is not a prerequisite for seeking judicial review,
34 nor shall seeking an appeal to the federal Department of Health
35 and Human Services preclude a judicial review.

36 (m) Nothing in this section, or in Sections 100506.1 and
37 100506.2, shall limit or reduce an appellant's rights to notice,
38 hearing, and appeal under Medi-Cal, county indigent programs,
39 or any other public programs.

1 SEC. 6. Section 100506.5 is added to the Government Code,
2 to read:

3 100506.5. For appeals of redetermination of Exchange advance
4 premium tax credits or cost-sharing reductions, upon receipt of
5 notice from the appeals entity that it has received an appeal, the
6 entity that made the redetermination shall continue to consider the
7 applicant or enrollee eligible for the same level of advance
8 premium tax credits or cost-sharing reductions while the appeal
9 is pending in accordance with the level of eligibility immediately
10 before the redetermination being appealed.

11 SEC. 7. Section 10950 of the Welfare and Institutions Code is
12 amended to read:

13 10950. (a) If any applicant for or recipient of public social
14 services is dissatisfied with any action of the county department
15 relating to his or her application for or receipt of public social
16 services, if his or her application is not acted upon with reasonable
17 promptness, or if any person who desires to apply for public social
18 services is refused the opportunity to submit a signed application
19 therefor, and is dissatisfied with that refusal, he or she shall, in
20 person or through an authorized representative, without the
21 necessity of filing a claim with the board of supervisors, upon
22 filing a request with the State Department of Social Services or
23 the State Department of Health Care Services, whichever
24 department administers the public social service, be accorded an
25 opportunity for a state hearing.

26 (b) (1) The requirements of Sections 100506.2, 100506.3, *and*
27 100506.4 of the Government Code apply to state hearings regarding
28 eligibility for or enrollment in an insurance affordability program
29 administered by the State Department of Health Care Services to
30 the extent that those sections conflict with the state hearing
31 requirements under this chapter.

32 (2) Notwithstanding Chapter 3.5 (commencing with Section
33 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
34 the department, without taking any further regulatory action, shall
35 implement, interpret, or make specific this subdivision by means
36 of all-county letters, plan letters, plan or provider bulletins, or
37 similar instructions until the time regulations are adopted. The
38 department shall adopt regulations by July 1, 2017, in accordance
39 with the requirements of Chapter 3.5 (commencing with Section
40 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

1 Notwithstanding Section 10231.5 of the Government Code,
2 beginning July 1, 2015, the department shall provide a semiannual
3 status report to the Legislature, in compliance with Section 9795
4 of the Government Code, until regulations have been adopted.

5 (c) Priority in setting and deciding cases shall be given in those
6 cases in which aid is not being provided pending the outcome of
7 the hearing. This priority shall not be construed to permit or excuse
8 the failure to render decisions within the time allowed under federal
9 and state law.

10 (d) Notwithstanding any other provision of this code, there is
11 no right to a state hearing when either (1) state or federal law
12 requires automatic grant adjustments for classes of recipients unless
13 the reason for an individual request is incorrect grant computation,
14 or (2) the sole issue is a federal or state law requiring an automatic
15 change in services or medical assistance which adversely affects
16 some or all recipients.

17 (e) For the purposes of administering health care services and
18 medical assistance, the Director of Health Care Services shall have
19 those powers and duties conferred on the Director of Social
20 Services by this chapter to conduct state hearings in order to secure
21 approval of a state plan under applicable federal law.

22 (f) The Director of Health Care Services may contract with the
23 State Department of Social Services for the provisions of state
24 hearings in accordance with this chapter.

25 (g) As used in this chapter, "recipient" means an applicant for
26 or recipient of public social services except aid exclusively financed
27 by county funds or aid under Article 1 (commencing with Section
28 12000) to Article 6 (commencing with Section 12250), inclusive,
29 of Chapter 3 of Part 3, and under Article 8 (commencing with
30 Section 12350) of Chapter 3 of Part 3, or those activities conducted
31 under Chapter 6 (commencing with Section 18350) of Part 6, and
32 shall include any individual who is an approved adoptive parent,
33 as described in subdivision (C) of Section 8708 of the Family
34 Code, and who alleges that he or she has been denied or has
35 experienced delay in the placement of a child for adoption solely
36 because he or she lives outside the jurisdiction of the department.

37 SEC. 8. Section 10951 of the Welfare and Institutions Code is
38 amended to read:

1 10951. (a) A person is not entitled to a hearing pursuant to
2 this chapter unless he or she files his or her request for the same
3 within 90 days after the order or action complained of.

4 (b) (1) Notwithstanding subdivision (a), a person shall be
5 entitled to a hearing pursuant to this chapter if he or she files the
6 request more than 90 days after the order or action complained of
7 and there is good cause for filing the request beyond the 90-day
8 period. The director may determine whether good cause exists.

9 (2) For purposes of this subdivision “good cause” means a
10 substantial and compelling reason beyond the party’s control,
11 considering the length of the delay, the diligence of the party
12 making the request, and the potential prejudice to the other party.
13 The inability of a person to understand an adequate and
14 language-compliant notice, in and of itself, shall not constitute
15 good cause. The department shall not grant a request for a hearing
16 for good cause if the request is filed more than 180 days after the
17 order or action complained of.

18 (3) This section shall not preclude the application of the
19 principles of equity jurisdiction as otherwise provided by law.

20 (c) Notwithstanding the Administrative Procedure Act (Chapter
21 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
22 Title 2 of the Government Code), the department shall implement
23 this section through an all-county information notice no later than
24 January 1, 2008. The department may also provide further
25 instructions through training notes.

26 SEC. 9. Section 10960 of the Welfare and Institutions Code is
27 amended to read:

28 10960. (a) Within 30 days after receiving the decision of the
29 director, which is the proposed decision of an administrative law
30 judge adopted by the director as final, a final decision rendered by
31 an administrative law judge, or a decision issued by the director
32 himself or herself, the affected county or applicant or recipient
33 may file a request with the director for a rehearing. The director
34 shall immediately serve a copy of the request on the other party
35 to the hearing and that other party may within five days of the
36 service file with the director a written statement supporting or
37 objecting to the request. The director shall grant or deny the request
38 no later than the 35th working day after the request is made to
39 ensure the prompt and efficient administration of the hearing
40 process. If the director grants the request, the rehearing shall be

1 conducted in the same manner and subject to the same time limits
2 as the original hearing.

3 (b) The grounds for requesting a rehearing are as follows:

4 (1) The adopted decision is inconsistent with the law.

5 (2) The adopted decision is not supported by the evidence in
6 the record.

7 (3) The adopted decision is not supported by the findings.

8 (4) The adopted decision does not address all of the claims or
9 issues raised by the parties.

10 (5) The adopted decision does not address all of the claims or
11 issues supported by the record or evidence.

12 (6) The adopted decision does not set forth sufficient information
13 to determine the basis for its legal conclusion.

14 (7) Newly discovered evidence, that was not in custody or
15 available to the party requesting rehearing at the time of the
16 hearing, is now available and the new evidence, had it been
17 introduced, could have changed the hearing decision.

18 (8) For any other reason necessary to prevent the abuse of
19 discretion or an error of law, or for any other reason consistent
20 with Section 1094.5 of the Code of Civil Procedure.

21 (c) The notice granting or denying the rehearing request shall
22 explain the reasons and legal basis for granting or denying the
23 request for rehearing.

24 (d) The decision of the director, which is the proposed decision
25 of an administrative law judge adopted by the director as final, a
26 final decision rendered by an administrative law judge, or a
27 decision issued by the director himself or herself, remains final
28 pending a request for a rehearing. Only after a rehearing is granted
29 is the decision no longer the final decision in the case.

30 (e) Notwithstanding any other provision of law, a rehearing
31 request or decision shall not be a prerequisite to filing an action
32 under Section 10962.

33 (f) (1) Notwithstanding subdivision (a), an applicant or recipient
34 otherwise may be entitled to a rehearing pursuant to this chapter
35 if he or she files a request more than 30 days after the decision of
36 the director is issued, or if he or she did not receive a copy of the
37 decision of the director, or if there is good cause for filing beyond
38 the 30-day period. The director may determine whether good cause
39 exists.

1 (2) For purposes of this subdivision, “good cause” means a
2 substantial and compelling reason beyond the party’s control,
3 considering the length of the delay, the diligence of the party
4 making the request, and the potential prejudice to the other party.
5 The inability of a person to understand an adequate and
6 language-compliant notice, in and of itself, shall not constitute
7 good cause. The department shall not grant a request for a rehearing
8 for good cause if the request is filed more than 180 days after the
9 order or action complained of.

10 (3) This section shall not preclude the application of the
11 principles of equity jurisdiction as otherwise provided by law.

12 (g) Notwithstanding the Administrative Procedure Act (Chapter
13 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
14 Title 2 of the Government Code), the department shall implement
15 this section through an all-county information notice no later than
16 January 1, 2008. The department may also provide further
17 instructions through training notes.